

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 584

BIRTH NO.		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLINTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON			
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMERON COMMUNITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 423 E. 4th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Mattie		b. (Middle) Lee		c. (Last) CONNELL	
4. DATE OF DEATH		Jan 10. 1951.		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan. 29 1876		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. KIND OF BUSINESS OR INDUSTRY Home		12. BIRTHPLACE (State or foreign country) Lewis Co. MO.		13. CITIZEN OF WHAT COUNTRY? U.S.		14. FATHER'S NAME Thomas B. DANCE	
15. MOTHER'S MAIDEN NAME Mary B. TURNER		16. NAME OF HUSBAND OR WIFE OWEN ELMER CONNELL		17. WAS DECEASED EVER IN U.S. ARMED FORCES? NO		18. SOCIAL SECURITY NO. NONE	
19. INFORMANT'S SIGNATURE OR NAME OWEN ELMER CONNELL		20. ADDRESS CAMERON MO		21. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis (b) Generalized arteriosclerosis (c) Parkinson's Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7/34 X		22. INTERVAL BETWEEN ONSET AND DEATH	
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26. ACCIDENT SUICIDE HOMICIDE (Specify)	
27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		28. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		29. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?		32. I hereby certify that I attended the deceased from July 1950, to Jan 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.		33. SIGNATURE (Degree or title) J. E. Kimes M.D.		34. ADDRESS Cameron, Mo	
35. DATE SIGNED 1-12-51		36. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		37. DATE 1-13-1951		38. NAME OF CEMETERY OR CREMATORY Grace Land Cemetery	
39. LOCATION (City, town, or county) CAMERON		40. (State) MO		41. DATE REC'D BY LOCAL REG. 1-15-51		42. REGISTRAR'S SIGNATURE Winifred W. Mosley	
43. FUNERAL DIRECTOR'S SIGNATURE Le Moss CRUNK		44. ADDRESS CAMERON MO		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JUN 19 1952

MAY 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Laurence J. Thompson

Licensed Embalmer No.

4735

P. O. Address

Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.